

## Federal Assistance Application – State of Utah GOPB Budget Impact Form

1 - Department/Division: \_\_\_\_\_

2 - Contact Person/Phone: \_\_\_\_\_ Date: \_\_\_\_\_

3 - Grant type (circle one):        New                    Renewal                    Revision

- If a renewal or revision, please enter old SAI # \_\_\_\_\_

- if a renewal or revision, how many years have you had this grant? \_\_\_\_\_

4 - Grant title: \_\_\_\_\_

5 - Address of Federal agency application sent to: \_\_\_\_\_

6 - Short grant description: \_\_\_\_\_

7 - How does this grant help your agency accomplish its mission? \_\_\_\_\_

8 - Does this grant pass through to local government entities?    Yes    No

- If yes, to which agencies? \_\_\_\_\_

- If yes, what's the percentage of funds passed through? \_\_\_\_\_

9 - Fill in the chart for estimated state fiscal year expenditures for up to five years

	State Match Amount	Dollar Amount Needed From Other Sources (please identify)	Federal Funds Amount	Total
FY				
FY				
FY				
FY				
FY				

10 - Will additional state funding be required to maintain or continue this program or its infrastructure when this grant expires or is reduced?    Yes    No    - If yes, explain

11 - Will the funds to continue this program come from within your existing budget?    Yes    No    N/A

12 - How many additional FTEs are required for the grant? \_\_\_\_\_

13 - Will state policy be impacted or require changes per the grant?    Yes    No

If yes, explain \_\_\_\_\_